

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA.		74950	
Township of <u>Sumter</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4108</u>		Registered No. <u>111</u>	
or				(For use of Local Registrar)	
City of		(No.) St.; (Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Leise Nixon</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No.</u>	(7) DATE OF BIRTH <u>Aug. 13</u> for (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Illegitimate</u>			(14) NAME BEFORE MARRIAGE <u>Lylea Nixon</u>		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY	(Years) <u>14</u>
(12) BIRTHPLACE			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> (Born alive or stillborn) <u>4 A.</u> (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Mary Maple per registrar</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife Sumter S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191....			(27) Filed <u>Aug. 18</u> 191. <u>4</u> (28) <u>Local Registrar</u>		
..... Registrar					

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.